

Fill in this Information to identify the case:

Debtor 1 Kevin E Beasley  
First Name Middle Name Last Name  
  
Debtor 2 Julie C Beasley  
(Spouse, if filing) First Name Middle Name Last Name  
  
United States Bankruptcy Court for the Middle District of Alabama  
  
Case number: 19-80130

RECEIVED

FILED

MAY 19 2020

MAY 19 2020

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF ALABAMA

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF ALABAMA

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	<b>\$5,735.77</b>
Claimant's Name:	<b>Auburn City</b>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	144 Tichenor Ave, Suite 6 (334)501-7224 <a href="mailto:lmose@auburnalabama.org">lmose@auburnalabama.org</a>

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.

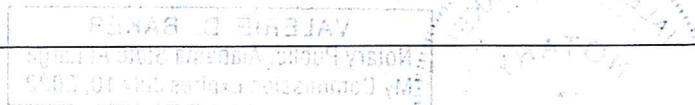
Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.

Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).

Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.



<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

#### 4. Notice to United States Attorney

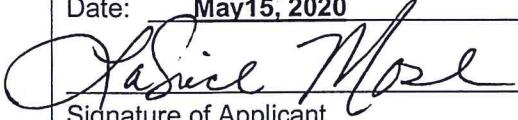
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Middle District of Alabama  
131 Clayton Street  
Montgomery, AL 36104

#### 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: May 15, 2020

  
Signature of Applicant

LaTrice Mose as City of Auburn Revenue Manager

Printed Name of Applicant

Address: 144 Tichenor Ave Auburn, AL 36830

Telephone: (334)501-7224

Email: lmoses@auburnalabama.org

#### 6. Notarization

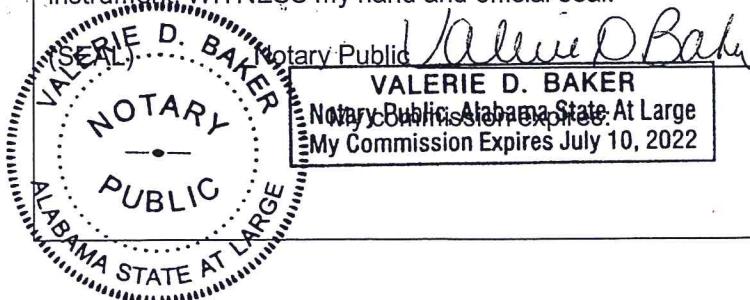
STATE OF Alabama

COUNTY OF Lee

This Application for Unclaimed Funds, dated May 15, 2020 was subscribed and sworn to before me this 15 day of May, 2020 by

LaTrice Mose

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.



#### 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: